## **Knobbe Martens Olson & Bear LLP**

Intellectual Property Law

2040 Main Street Fourteenth Floor Irvine, CA 92614 Tel 949-760-0404 Fax 949-760-9502 www.kmob.com



Raymond B. Hom 619-525-8302 rhom@kmob.com

MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. :

INDYM.004A

Applicant(s)

Steven A. Deal

For

GRAPHICAL MERCHANDISE LOCATOR

Attorney

Raymond B. Hom

"Express Mail"

Mailing Label No.

EV 323832813 US

**Date of Deposit** 

August 22, 2003

I hereby certify that the accompanying

Transmittal letter; Specification in 26 pages; 6 sheets of drawings; **SIGNED** Declaration by Inventor in 1 page; Recordation Form Cover Sheet with 1 page Assignment; Power of Attorney by Assignee in 2 pages, with copy of Assignment; Check for Filing Fees; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Carol Ann Macarty

S:\DOCS\RBH\RBH-2216.DOC 082203

Attorney Docket No. INDYM.004A Date: August 22, 2003

Page 1

**Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

ATTENTION: MAIL STOP PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor: Steven A. Deal

For: GRAPHICAL MERCHANDISE LOCATOR

## Enclosed are:

(X) 6 sheets of drawings.

(X) Recordation form cover sheet with 1-page assignment.

(X) A power of attorney form and copy of assignment.

(X) Initial signed declaration by inventor.

(X) Return prepaid postcard.

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

NUMBER FILED	NUMBER EXTRA	<b>RATE</b> \$375	<b>FEE</b> \$375
		\$375	\$375
27 - 20 =	7 ×	\$9	\$63
7 - 3 =	4 ×	\$42	\$168
If application contains any multiple dependent claims(s), then add		\$140	\$0
	7 - 3 = dependent claims(s	7 - 3 = 4 ×	7 - 3 = 4 × \$42 dependent claims(s), then add \$140

- (X) A check in the amount of \$606 to cover the filing fee is enclosed.
- A check in the amount of \$40.00 to cover the assignment recording fee. (X)
- The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the (X) future, or credit any overpayment to Account No. 11-1410.

Attorney Docket No. INDYM.004A

Date: August 22, 2003

Page 2

(X) Please use Customer No. 20,995 for the correspondence address.

Raymond B. Hom Registration No. 44,773 Attorney of Record Customer No. 20,995 (619) 235-8550

PA-300S S:\DOCS\RBH\RBH-2215.DOC 082203